



# FAIRFAX-FALLS CHURCH CSA

Print Date: 4/30/2012

## Treatment Foster Care UR Report

Name: Test Test

Review Date: 08/31/2011

UR Analyst:

Date of Entry into Foster Care: \_\_\_\_\_

Reason for entry into Foster Care: \_\_\_\_\_

TFC Agency: \_\_\_\_\_

Date of Placement: \_\_\_\_\_

Reason / Need for TFC: \_\_\_\_\_

Level of service intensity: \_\_\_\_\_

Medicaid reimbursement status:

IV-E Eligibility:

Ancillary services: (Indicate After School Program)

Previous CANS date: \_\_\_\_\_ Current CANS date: \_\_\_\_\_

VEMAT Date: \_\_\_\_\_ VEMAT Score: \_\_\_\_\_

Needs:

Strengths:

Change from previous to current CANS score:

Mitigating Circumstances:

Recommend Modified FAPT Review?

Summary and Recommendations:

Follow up outcome:

Sources of information: \_\_\_\_\_

UR Specialist Signature: \_\_\_\_\_